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Letter dated 22 May 2015 from the Secretary-General addressed to the President of the General Assembly

1. The present letter on the work of the United Nations in response to the Ebola outbreak in West Africa covers developments from 1 April to 1 May 2015, the 210-day mark since the establishment of the United Nations Mission for Ebola Emergency Response (UNMEER). It records activities carried out by my Special Envoy on Ebola and UNMEER and provides an update on progress made in the Ebola response pursuant to General Assembly resolution 69/1 since my update of 16 April 2015 (A/69/871).

Current situation of the Ebola outbreak

2. As at 3 May 2015, a total of 26,628 confirmed, probable and suspected cases of Ebola had been reported in the three currently affected countries (Guinea, Liberia and Sierra Leone) and in six previously affected countries (Mali, Nigeria, Senegal, Spain, the United Kingdom of Great Britain and Northern Ireland and the United States of America). A cumulative total of 11,020 confirmed, probable and suspected deaths have been reported. In Guinea, Liberia and Sierra Leone, the average weekly confirmed case incidence declined from some 110 cases per week in March to an average of 30 cases in April. In April, the weekly incidence in Guinea decreased from 28 confirmed cases to 9 confirmed cases in the week ending 3 May. In Sierra Leone, the incidence in April fluctuated between 9 and 12 cases, with no discernible trend. Liberia did not report a single case in April. On 9 May, 42 days after the last laboratory-confirmed case was buried on 28 March 2015 in Liberia, the World Health Organization (WHO) declared Liberia Ebola free.

3. The geographical area of active transmission has more than halved since February 2015. Whereas 24 districts reported at least one confirmed case in February, only 12 reported a case in April. Almost all transmission is now centred near the west coast of Guinea and Sierra Leone. In Guinea, the western districts of Forécariah and Conakry accounted for 65 and 16 per cent, respectively, of all confirmed cases in April. In Sierra Leone, Western Area Urban (including the capital, Freetown) and Kambia accounted for 41 per cent and 46 per cent, respectively, of all confirmed cases in April. Nine of 14 districts in Sierra Leone have not reported a confirmed case in the past 21 days.

4. The epicentre of the initial outbreak, in the tri-border area around the Guinean prefecture of Guéckédou, the Liberian county of Lofa and the Sierra Leonean district of Kailahun, has not recorded a single case for more than 100 days; it has been more than 65 days since the last confirmed case was reported from the Guinée

Forestière region, which includes the prefectures of Guéckédou, Macenta, N'Zérékoré and Lola. Further restricting the geographical area of transmission to more easily accessible areas will be particularly important with the onset of the rainy season.

Progress towards ending transmission

Overall assessment

5. The Ebola response continues to be centred on four main lines of action: finding people with the disease and follow-up of their contacts; treatment of people with the disease; safe and dignified burials; and community engagement. In the week to 3 May, 18 cases were reported following a month-long period during which case incidence fluctuated between 31 and 37 confirmed cases per week. Early case detection, reinforcement of alerts and surveillance systems and awareness-raising activities have become even more critical in the last mile on the way to zero cases, leaving no room for the response to be diminished by complacency or exhaustion.

Progress towards meeting key targets

6. Case identification remains a crucial activity in the current phase of the response. The Governments of Guinea and Sierra Leone have taken significant steps to improve early case detection.

7. The campaign to encourage people to stay at home from 27 to 29 March launched by the Government of Sierra Leone formed part of the 60-day "Zero Ebola" plan, supported by UNMEER, WHO, the United Nations Children's Fund (UNICEF) and other partners active in social mobilization, case finding and house-to-house community engagement. The number of calls to the hotline number 117 and passive alerts (e.g., reported community alerts) increased by 65 and 132 per cent, respectively, during the campaign, indicating improved community engagement. Ten new confirmed Ebola cases were discovered during the course of the campaign.

8. In Guinea, on 28 March, President Alpha Condé declared a 45-day reinforcement of emergency measures in the prefectures of Forécariah, Coyah, Dubréka, Boffa, Kindia and Conakry. Those measures included the restriction of movement in areas of transmission, the temporary closure and quarantine of private hospitals and clinics where Ebola cases had been detected and limitations restricting participation in burials to close relatives only. A large awareness-raising and early case detection campaign was conducted in the prefecture of Forécariah between 12 and 15 April, reaching 91 per cent of the population. UNICEF led the social mobilization activities during the campaign, organizing 2,120 people who made door-to-door visits to more than 60,000 households. Twelve confirmed cases were identified in Forécariah during the period: seven were deaths and five were sick individuals. This figure represents more than half of the 23 confirmed cases registered in Forécariah from 12 to 18 April.

9. A similar campaign was launched in Coyah on 24 April, with more than 57,000 households visited during the four-day campaign period. Forty-four alerts were reported, none of which resulted in the identification of confirmed cases. The campaign resulted in a 91 per cent increase in alerts compared with the previous week. Other initiatives are planned for Dubréka, Conakry, Kindia and Boffa.

10. Owing to the smaller number of cases in Guinea and Sierra Leone, the number of contacts under follow-up has also declined since March. In Guinea, an average of 1,990 contacts were under follow-up in April, compared with an average of 2,383 contacts in March. Ninety-six per cent of registered contacts were traced daily during the same period. In Sierra Leone, the average number of contacts under follow-up decreased from 7,143 to 1,536 during the same period and 99 per cent of registered contacts were traced daily. In April, the average number of newly registered contacts per confirmed case was 30 in Guinea and 18 in Sierra Leone. Of the new, confirmed and probable cases reported, 37 per cent arose from registered contacts in Guinea during the period from 30 March to 3 May, compared with 46 per cent during the same period in Sierra Leone. As at 9 April, all contacts linked to the last confirmed case in Liberia had completed 21 days of follow-up.

11. In the context of declining case incidence and a shrinking area of transmission in Guinea and Sierra Leone, current treatment capacity exceeds demand. Accordingly, ministries of health and partners, in coordination with WHO, have continued the safe decommissioning of surplus Ebola treatment centres. Each country will retain a core capacity of high-quality centres strategically located to ensure complete geographic coverage, with additional rapid-response capacity held in reserve; 8 core centres will be retained in Guinea, 6 in Liberia and 13 in Sierra Leone. Surplus facilities will not close until a nearby district health facility can safely assume responsibility for triage and isolation or referral of cases. Given the current epidemiological situation in Guinea, the decommissioning of centres has not yet begun. As at 3 May, there were 8 operational centres in Guinea, 13 in Liberia and 14 in Sierra Leone. During the period from 1 April to 3 May, one health-care worker was infected with Ebola in Guinea; none were infected in Liberia or Sierra Leone.

12. There is sufficient laboratory capacity in the three affected countries to meet existing needs. From 1 April to 3 May, the number of operational laboratories, coordinated by WHO, decreased by 1 to 4 in Liberia, while the number of laboratories remained the same in Guinea and Sierra Leone at 10 and 12, respectively. In the five weeks to 3 May, 2,539 samples were tested in Guinea, 9 per cent of which tested positive for Ebola, a marked decrease from the 24 per cent that tested positive the previous month. By way of comparison, 7,389 new samples were tested in Sierra Leone, of which less than 1 per cent tested positive for Ebola. Of the 1,651 new samples tested in Liberia, none tested positive for Ebola. In the five weeks to 3 May, 99 per cent of samples from suspected and probable cases were tested within one day of collection in Guinea, 82 per cent in Liberia and 80 per cent in Sierra Leone.

13. Effective community engagement remains a challenge, in particular in Guinea, although signs of improvement have been observed. The number of prefectures that reported at least one security incident or other form of refusal to cooperate in Guinea decreased from seven to three during the reporting period. The Guinean authorities reported a good level of collaboration with communities during the door-to-door initiative conducted in Forécariah from 12 to 15 April. Only 66 households refused to be visited, representing less than 0.1 per cent of households reached. Only one sick individual initially refused to be transferred to an Ebola treatment facility, but finally agreed two days later. In Sierra Leone, during the second and third weeks of April, Kambia district reported incidents of resistance.

14. In line with the epidemiological situation, there has been a scaling down in the number of functional burial teams, from 80 to 68 in Liberia as at 21 April and from 129 to 102 in Sierra Leone as at 12 April. In Guinea, additional Red Cross burial teams are being trained and equipped to respond to the increase in reported deaths in the community. Consequently, the number of operational teams in Guinea will increase from 74 to 79.

15. The sufficient capacity to conduct safe burials at the national level notwithstanding, unsafe burials continue to be reported. In Guinea, despite a policy that all community deaths in Conakry and the surrounding prefectures must be carried out in a safe and dignified manner, 358 unsafe burials were reported.

16. Of the 62 Ebola deaths reported in Guinea in April, 31 occurred in the community. During the same period in Sierra Leone, there were 3 reported unsafe burials and 16 of 91 Ebola deaths occurred in the community. This indicates that a significant number of individuals are still either unable or reluctant to seek treatment. Ideally, such individuals would have been identified as contacts associated with known chains of transmission and would have been isolated, rapidly diagnosed and treated after the initial onset of symptoms.

Update on the operational activities carried out by the United Nations system through the United Nations Mission and its partners

17. During the reporting period, the Governments of Guinea and Sierra Leone led reenergized and targeted efforts in the final push towards zero cases ahead of the impending rainy season. As planned, and in line with a transitional road map involving WHO, the United Nations Development Programme (UNDP), UNICEF, the World Food Programme (WFP) and the Office for the Coordination of Humanitarian Affairs, UNMEER Liberia transferred its operations, functions and assets to the national Government, the United Nations agencies, funds and programmes and the United Nations Mission in Liberia (UNMIL). With the closure of the UNMEER Liberia office, the UNMIL Deputy Special Representative of the Secretary-General/Resident Coordinator has assumed all United Nations Ebola-related coordination and leadership activities. Both UNMEER Guinea and UNMEER Sierra Leone are advanced in planning similar transitions tailored to country-specific exigencies.

United Nations partners

18. The International Federation of Red Cross and Red Crescent Societies continued to support Ebola-related initiatives in the three affected countries, in partnership with national Red Cross societies. In the past 30 days, the focus of the International Federation's work has been focused on social mobilization, facilitating safe and dignified burials, disinfecting homes and supporting contact tracing, surveillance and psychosocial support. The International Federation and the Guinean Red Cross completed 968 safe and dignified burials, took samples from 1,333 persons who died in their communities, disinfected the homes of 663 families, safely transferred 76 patients to Ebola treatment centres and provided 163 volunteers and 10 vehicles for the early detection campaign in Forécariah. In Liberia, the International Federation and the Liberian Red Cross carried out 112 safe and dignified burials and disinfected 56 households. Beginning on 30 April, the Ministry of Health and Social Welfare assumed responsibility for those activities in

Liberia, while rapid response and preparedness capacities will be maintained through pre-positioned stock and standby teams. The Sierra Leonean Red Cross conducted 1,090 safe burials in April, more than half of all safe burials throughout Sierra Leone.

19. The United States Centers for Disease Control and Prevention has been providing Ebola response support in all three affected countries. In Liberia, the nationally chaired Border Coordination Group, initiated by UNMEER, the Centers for Disease Control, WHO and the International Organization for Migration (IOM), is coordinating the pre-positioning of infection prevention and control resources at strategic border crossing points. In Sierra Leone, the Centers for Disease Control has partnered with IOM and the civil aviation and airport authorities to screen more than 50,000 passengers at Lungi International Airport and to improve entry/exit screening processes, including through the deployment of two additional teams to ensure 24-hour airport monitoring services.

20. Médecins sans frontières continues to respond actively to the Ebola outbreak, with more than 1,300 staff still working in the region. Since March 2014, the organization has opened 15 Ebola management and transit centres, 2 of which are currently still caring for confirmed Ebola patients in Conakry and Freetown. Teams from Médecins sans frontières continue to conduct surveillance, contact tracing and social mobilization activities while assisting public health systems in safely restoring medical services. Since the onset of the outbreak, more than 9,400 patients, of whom nearly 5,200 were confirmed positive for Ebola, have visited the organization's Ebola management centres.

United Nations system

21. Through door-to-door visits, social mobilization and community engagement, UNICEF teams have raised the awareness of more than 2 million households in relation to Ebola prevention. UNICEF also continued to support community care centres and to provide water and sanitation support for Ebola treatment units. Since August 2014, UNICEF has delivered more than 8,000 tons of lifesaving supplies to the three countries.

22. In April, WHO had 730 staff, including more than 300 epidemiologists, deployed in some 60 locations throughout the three affected countries and Mali, with 50 per cent of staff in Guinea, 26 per cent in Sierra Leone and 19 per cent in Liberia. There have been more than 2,050 deployments through WHO (including network and partnership arrangements) in Guinea, Liberia, Mali, Nigeria and Sierra Leone. Efforts are under way to better integrate community engagement with case investigation and contact tracing and to inform community engagement with more detailed anthropological analysis.

23. In collaboration with the ministries of health in the three affected countries, WHO has established systems for the continuous assessment and improvement of infection prevention and control standards in Ebola treatment units to prevent cross-transmission between patients and to health-care workers. In Sierra Leone, WHO conducted 148 assessments in 81 Ebola treatment units between December 2014 and March 2015. Significant progress in meeting infection prevention and control standards was documented in 70 per cent of those units.

24. WHO has continued to coordinate and deploy international technical assistance from the Global Outbreak Alert and Response Network for nationally led response efforts in Guinea, Liberia and Sierra Leone. As at 30 April, the WHO operational support team had deployed 88 experts from the Network for critical response functions, 43 in Guinea, 10 in Liberia, 33 in Sierra Leone and 2 at WHO headquarters; a further 85 experts are awaiting deployment.

25. The Food and Agriculture Organization of the United Nations (FAO) has provided emergency support, funded by the World Bank Group, to the agricultural sector in the form of seeds, crops and animal husbandry equipment, cash for work, social mobilization activities and hygiene kits for 30,000 families. In addition, an FAO project, funded by the African Solidarity Trust Fund, consists of acquiring essential agricultural inputs and farm animals, as well as cash transfers, to enhance the livelihoods of 3,600 households. As at 30 April, FAO had identified the beneficiaries of the project, organized a training workshop for the implementing partners and begun the distribution of inputs and agricultural equipment.

26. WFP, in collaboration with WHO, has begun deploying prefabricated units to nine locations in Guinea and, in cooperation with WHO, UNMEER, the Centers for Disease Control, UNICEF and others, has mobilized assets and staff for the rapid establishment of operations centres. In Sierra Leone, WFP has assisted WHO with Internet connectivity, accommodation, office space and transportation; the WFP-led Common Services provided 10 vehicles in four locations.

27. WFP, through the United Nations Humanitarian Air Service, and UNMEER have transported more than 13,180 and 10,796 passengers since the outbreak began. As part of the transition of UNMEER responsibilities to United Nations agencies, funds and programmes, WFP has assumed specific air transport functions and other logistics from UNMEER. Four UNMEER helicopters were demobilized on 15 April, with one remaining in Guinea until 30 April. The Air Service fleet in the region now includes four aircraft and six helicopters, of which three are specially equipped for the medical evacuation of health and humanitarian personnel. To date, the Air Service has performed 30 medical evacuation flights in Guinea, Liberia and Sierra Leone. In coordination with UNMEER, WFP and the Air Service have examined options for additional routes from Conakry to the most affected areas in Guinea, including exploration of locations for helipads. The WFP-led emergency telecommunications cluster is also absorbing some of the information and communications technology equipment and services provided by UNMEER to ensure the maintenance of connectivity services throughout the three affected countries. WFP has also organized four-week-long logistics training for employees of the Government of Guinea and is planning similar training for the national staff of partner organizations and agencies throughout the three countries.

28. The Office for the Coordination of Humanitarian Affairs has increased its footprint in the affected countries. In Guinea, it has supported the coordination of the response in the five communes in Conakry and deployed field coordinators to Coyah and Forécariah prefectures to work alongside UNMEER field teams.

29. UNMEER has adapted its operational coordination function to focus on the deployment of integrated teams and the harmonization of messages and communication tools. In support of those campaigns, UNMEER has provided technical assistance on logistics, planning, population statistics, data collection, analysis, budgetary guidance and maps. An evaluation session was held after the

Forécariah campaign to improve subsequent initiatives. UNMEER also finalized a midterm evaluation of the 60-day "Zero Ebola" plan, outlining key achievements and lessons learned. On 17 April, the Ministry of Health of Guinea and partners organized an awareness-raising meeting with the National Union of Traditional Healers to engage traditional practitioners in the awareness-raising campaign.

30. IOM has continued to reinforce the capacities of the prefectural and regional Ebola coordination mechanisms through the rehabilitation of 19 prefectural emergency operations centres in Guinea. A centre in Siguiri prefecture is nearing completion. IOM continues to support safe migration and health management at border points, training staff in the use of awareness-raising materials, infection prevention and control measures and collection of data on migrants. In Sierra Leone, IOM manages the training academy for frontline health-care workers which, working with Sierra Leone government partners and WHO, has trained more than 6,500 health-care professionals on infection prevention and control and clinical care. Since mid-January, rapid response mobile training teams have trained in excess of 700 health-care workers, corrections officers and border officials.

31. In Sierra Leone, IOM has been working with implementing partners to distribute some 1,000 emergency care kits in areas of high case incidence. Ahead of the rainy season, the distribution has been expanded to include quarantined households and peripheral health-care units. IOM and implementing partners have continued to roll out their social mobilization activities in Kono and Bombali and have supported action on the measles outbreak in Kono. In Bombali, IOM, accompanied by partners, has also supported two government-led border assessments in Kambia and Kailahun districts and assessment missions to Pujehun, Bombali and Koinadugu. Major challenges in tracking and preventing potential Ebola transmission relate to the extensive use of non-official border crossing points and long borders over rugged terrain. UNDP has donated eight state-of-the-art shelter tents to the Bureau of Immigration and Naturalization as part of efforts to ensure effective monitoring of Liberian border posts.

32. In Liberia, as part of the transfer of key Ebola-related services such as triage, safe isolation and referral to community health teams, Ebola treatment units in Bomi and Grand Bassa managed by IOM officially stopped taking patients on 15 April. IOM is upgrading existing health facilities to facilitate the application of the infection prevention and control measures required for the safety of health-care workers and patients.

33. In Guinea, UNMEER continued to support activities that reinforce adherence to Ebola protocols, strengthen coordination and adjust response strategies to the evolving epidemiology. In Kindia, UNMEER and other partners facilitated a stakeholders' forum of more than 150 leaders representing women, youth, media, private sector and religious community constituencies to discuss the socioeconomic implications of Ebola and consider action to reinforce adherence to preventive health measures.

34. In Guinea, UNMEER has continued to deploy staff to the National Coordination Cell, in addition to field crisis managers and information managers in prefectures with active Ebola transmission. UNMEER and WHO, in partnership with United Nations agencies, the Centers for Disease Control, the United States Agency for International Development (USAID) and IOM, have developed field strategies and reallocated resources and transport logistics to the areas of highest

risk, including terminating Mi8 helicopter services to the Guinée Forestière region on 16 April. UNMEER has provided the National Ebola Response Centre with four more ambulances and mobile phones and SIM cards. UNMEER has also loaned three field vehicles to operations conducted by the Office for the Coordination of Humanitarian Affairs in Conakry, Coyah and Forécariah. All field vehicles in Guinea that were initially loaned to the African Union have now been handed over as donations.

35. Increasing political tensions, along with complications arising from the rainy season that is expected to arrive by mid-May, are the key risk factors that could disrupt continued progress in combating Ebola in Guinea. To manage the risk of potential fuel shortages, UNMEER has worked alongside the WFP logistics cluster to set up a mechanism for UNMEER to use WFP fuel reserves in Conakry, N'Zérékoré and Kissidougou, should the need arise.

36. The United Nations Population Fund (UNFPA) has continued to support contact tracing and community engagement in Guinea. It trained and equipped 518 agents in 132 village committees. With donations of 130 mobile phones and 88 solar chargers to support the use of the "CommCare" mobile application, UNFPA Guinea continued its focus on locating and tracking those who might have been exposed to Ebola, including by hiring information managers to supervise the process at the prefectural level. In Liberia, UNFPA is leading contact tracing and epi-surveillance in 6 of the 15 counties.

37. The World Bank Group continued to dispense two tranches of funds of $31 million and $72 million, respectively, to support the Government of Guinea, which has used the resources in part to finance bilateral contracts with partners, including UNICEF, WHO, UNFPA, the United Nations Office for Project Services (UNOPS) and WFP.

38. WHO and the Centers for Disease Control have supported the Ministry of Health of Liberia in training 150 laboratory technicians from all 15 counties and supported social workers and mental health clinicians to lead community-healing dialogues. In partnership with the Ministry, WHO has supported the decommissioning process, including of five Ebola treatment units in Montserrado County. In preparation for the rainy season, WHO is working with WFP to pre-position one to three months' supply of personal protective equipment in all counties.

39. In support of the Sierra Leonean "stay at home" campaign to reinvigorate efforts to combat Ebola, UNMEER provided technical and logistical support and financing of $450,000. UNMEER has donated 87 vehicles and 154 motorcycles to the Sierra Leonean National Ebola Response Centre and 44 vehicles to other partners. It has also funded the renovation of two abandoned classrooms at Police Training School 1 in Hastings (Western Area) to serve as an off-site quarantine location for high-risk contacts.

40. Also in Sierra Leone, UNMEER partners in Koinadugu provided VHF radios for use by community health centres and have distributed 24 satellite phones for use by response workers. In conjunction with UNMEER, Catholic Relief Services established an integrated rapid response team to manage 72 quarantined homes in Rosanda village, Bombali.

41. As the Ebola outbreak in Sierra Leone has shifted geographically, UNMEER has reconfigured its field presence and further strengthened its operations in high-risk districts, including Kambia, Western Area, Port Loko and Bombali. In cooperation with other partners, UNMEER mobilized information and communications technology assets and staff for deployment to the remaining districts and communes with active Ebola transmission in Guinea.

42. WFP is augmenting its storage capacity in view of the impending rainy season. In Guinea, consolidation works are due to begin soon, while in Liberia and Sierra Leone work is under way to reinforce existing facilities. In Liberia, WFP is coordinating the movement of goods before the onset of the rainy season, while in Sierra Leone WFP extended the main logistics hub in Port Loko, bringing the total storage space to 7,680 m^2.

43. The focus in Liberia has been on staying at zero and completing the seamless and coordinated transition of UNMEER Liberia operations, functions and assets to United Nations agencies, funds and programmes and UNMIL. UNMEER Liberia has completed the transfer of information management and reporting functions to the Office for the Coordination of Humanitarian Affairs and of operations and logistics tasks to WFP, including support for the rapid isolation and treatment of Ebola. UNMEER also completed the handover of information technology equipment to WFP and UNMIL, with the remaining stock to be shipped to Accra. Of the 181 vehicles, not including the two armoured vehicles and three ambulances, deployed to UNMEER Liberia, all but 46 have been donated to the Government and response partners; the redeployment of 27 remaining vehicles to Guinea and Mali is awaiting the finalization of procurement processes.

44. UNMEER Liberia is also in the final stages of handing over the management of its community-based projects, which are funded by the Ebola Response Multi-Partner Trust Fund, to the United Nations agencies, funds and programmes. UNDP is taking on the implementation of more than 60 community-based projects with a total value of $335,000, including those relating to water and sanitation, as well as awareness-raising programmes for the enhanced reintegration of Ebola survivors. Meanwhile, the Ebola Response Multi-Partner Trust Fund funded a position of Monitoring and Evaluation Officer in the Resident Coordinator's Office to support related reporting and monitoring activities.

45. UNMEER Liberia has supported 19 community-based projects, 12 of which are field-based projects implemented at a cost of $387,770.50 The projects injected much-needed resources to improve cross-border community engagement training, Ebola awareness-raising campaigns, small-scale health infrastructure restoration and capacity-building training.

46. In Lofa County, UNMEER Liberia supported PeaceLink to conduct three workshops for traditional leaders, women's and youth groups, religious leaders and healers from 37 border communities on Ebola-specific border management and community event-based surveillance. In Sinoe County, UNMEER and WHO helped the county health team to roll out a campaign of social mobilization against Ebola and other prevalent contagious diseases.

Activities of the Special Envoy on Ebola

47. My Special Envoy has continued to provide strategic leadership and guidance to the responder community, including through weekly meetings of the Global Ebola Response Coalition. To support resource mobilization and advocacy efforts, my Special Envoy joined me for Ebola-related events held during the World Bank Group-International Monetary Fund (IMF) spring meetings on 16 and 17 April in Washington, D.C. Participants welcomed progress on national recovery plans being developed by the countries affected by Ebola. Contributions were announced, including $650 million from the World Bank Group, $300 million from the African Development Bank, $80 million from the Global Alliance for Vaccines and Immunization, $387 million from the Global Fund to Fight AIDS, Tuberculosis and Malaria and $126 million from USAID. My Special Envoy and I also discussed the Ebola response and next steps towards recovery with the Presidents of Guinea, Liberia and Sierra Leone, building on the dialogue under way between both my Special Envoy and my Special Representative and the three Presidents, during their travels throughout the region.

48. In April, the Ebola Response Multi-Partner Trust Fund, which is managed by my Special Envoy, received deposits totalling $336,000, bringing total deposits in the Fund to $140.4 million. Of that amount, $125 million has been allocated to support district surveillance (UNDP, UNFPA and WHO), logistics and transport (WFP), community care centres (UNICEF), social mobilization (UNICEF and WHO), strengthening of the Payment Programme for Ebola Response Workers (UNDP), strengthening of national response capacities (UNMEER and UNOPS), airport preparedness and technical assistance training (International Civil Aviation Organization), support to the Mano River Union confidence-building units (Mano River Union, UNDP) and payment and capacity development in respect of Ebola survivors (UNDP and the United Nations Entity for Gender Equality and the Empowerment of Women).

Building resilience and supporting recovery

Ebola recovery planning

49. All three countries most affected by Ebola are developing their Ebola recovery strategies. UNDP country offices have developed early recovery and resilience support frameworks aimed at providing effective support both to the national Governments and the Mano River Union in achieving their goals for recovery. The frameworks incorporate strategies to stimulate economic recovery and livelihoods, restore the functionality and promote the recovery of the health sector, strengthen resilient governance, peace and stability and prevent future Ebola outbreaks. The strategies also include action to strengthen regional cooperation on issues pertaining to health, cross-border security, disaster risk reduction and management, as well as subregional socioeconomic development. Recognizing that socioeconomic shocks caused by Ebola hit extremely poor and labour-constrained households the hardest, UNDP and the World Bank Group are jointly supporting the Liberian social safety net cash transfer programme.

50. Early recovery partners, including the World Bank Group, the European Union and the African Development Bank, have also been working together to support the Mano River Union subregional post-Ebola socioeconomic recovery strategy and the framework for the establishment and management of the regional Ebola recovery

fund. The integrated report of the early recovery assessment also serves as a contribution to the Mano River Union strategy.

51. The Presidents of Guinea, Liberia and Sierra Leone presented their Ebola recovery plans on 17 April, during the World Bank Group-IMF spring meetings. WHO convened a side event with the World Bank Group and USAID, entitled "From Ebola to more resilient health systems", at which the respective ministers of health presented and discussed their health-sector recovery plans with development partners and other stakeholders, with the aim of accelerating support for ending the epidemic and strengthening health systems throughout the affected countries. The meetings' organizers and development partners committed themselves to aligning their support with agreed country plans and priorities under the leadership of national Governments, on the basis of the principles of the International Health Partnership, with specific mechanisms for coordination at the country level. In each of the three affected countries, WHO has worked closely with national authorities and various actors to support the development of costed national recovery plans and provided technical assistance in developing and implementing the immediate early recovery of those countries and the development of longer-term health systems.

52. Also at the spring meetings, the World Bank Group announced that it would provide at least $650 million over the coming 12 to 18 months to help Guinea, Liberia and Sierra Leone to recover from the impact of the Ebola crisis and advance their longer-term development objectives. The priority areas of the new funding will be strengthening health systems and front-line care; agriculture; education; cash transfers and other social protection programmes; and lifesaving infrastructure such as electricity, water, sanitation and roads. The new pledge brings the Group's total financing for Ebola response and recovery efforts to more than $1.6 billion.

53. Following the meetings, the Mano River Union requested UNDP to continue to provide support in the areas of costing and implementation of the regional strategy.

Non-Ebola health care

54. In all three affected countries, WHO is currently developing an integrated approach to reactivate health services, focusing on immunization, malaria, newborn and child health and maternal and reproductive health. WHO continues to work on the implementation of infection prevention and control best practices, training for front-line health-care workers and students and technical expertise for the development of national plans and strategies.

55. WHO has worked closely with ministries of health and partners to develop standard operating procedures and tools for the assessment and implementation of basic infection prevention and control principles, including national guidelines that were to be released in April in Sierra Leone. In Guinea and Liberia, WHO is providing support to health facilities on appropriate structures and processes and on improving performance in preventing and controlling infection.

56. WHO is supporting Guinea, Liberia and Sierra Leone to develop interventions aimed at building a needs-based health workforce, with particular emphasis on immediate interventions for the restoration of essential health services and core health system functions, including reproductive and maternal health care. To inform national investment plans, WHO has prepared an analysis of the health workforce

situation, examining current health needs against projected future health workforce levels, and identified critical labour market approaches and their cost implications.

57. Taking stock of the critical linkages between surveillance and health systems, the report on a workshop co-hosted by WHO and the World Bank Group in Geneva on the establishment of a regional network of disease surveillance and preparedness systems in West Africa will feed into a West African regional collaborating centre for the proposed African centres for disease control and prevention. WHO is also working with donor partners to establish effective surveillance capacities such as early detection and integrated epidemiological and laboratory data management. This will be fully assimilated into the national Integrated Disease Surveillance and Response system.

58. UNICEF and WHO have continued to actively support immunization programmes in the affected countries, which were curtailed at the height of the Ebola outbreak. In Guinea, they have supported the second round of a nationwide measles immunization campaign that began on 18 April, targeting 1.3 million children between 6 months and 9 years of age in 13 districts. In Liberia and Sierra Leone, they are actively working on preparations for polio and measles vaccination campaigns to be held in May. Support from UNICEF includes provision of vaccines and cold chains, training of people to administer the vaccines and community engagement campaigns. Working with national authorities, WHO has expanded access to malaria treatment with mass drug administration campaigns; more than 2 million people in Sierra Leone and more than 300,000 people in Liberia throughout Ebola-affected districts were presumptively treated for malaria during the past few months.

59. In Liberia, UNICEF is supporting the Government in refining critical investment areas for building a resilient health system. Providing a career path for general community health volunteers and strengthening the district-level health system are key components. At the same time, UNICEF continues to provide lifesaving aid for infection prevention and control at the household level and in health facilities. In Sierra Leone, the preliminary results of a survey by the Ministry of Health and Sanitation, supported by UNICEF, show that most health facilities are open and that utilization trends in most districts have increased. An additional 295 health-care staff were trained to safely provide maternal and infant care in the context of the Ebola epidemic. In Guinea, UNICEF supplied health facilities in Labé, Nzérékoré, Kankan, Boké, Kindia and Conakry with reagents and other laboratory consumables to prevent the transmission of HIV from mother to child.

60. In the Ebola-affected countries, UNFPA has been working with the Governments and other partners to improve health-care provision relating to antenatal care, safe deliveries, postnatal care, emergency obstetric and neonatal care, family planning, obstetric fistula and sexually transmitted infections/HIV, including prevention of and response to gender-based violence. UNFPA is supporting the Government of Sierra Leone in reviving its maternal and neonatal service delivery, upgrading its youth-friendly health services and training health-care workers on adolescent sexual and reproductive health. In Guinea, its support has included the donation of a mobile clinic for outreach interventions, the provision of community-based services in health establishments and support to rape victims. In Liberia, UNFPA procured and distributed delivery kits for use in home delivery when access to health-care services was not possible, procured essential

maternal lifesaving drugs and contraceptives for health facilities nationwide and supported training of health-care workers on infection prevention and control.

Protection

61. The protection cluster in Liberia, led by the Office of the United Nations High Commissioner for Human Rights, continued to coordinate the engagement of key stakeholders on protection issues relating to gender-based violence, stigmatization and discrimination, in addition to monitoring and reporting and providing training on human rights issues of concern emerging from the Ebola crisis.

62. In Liberia, the child protection subcluster, co-led by UNICEF and the Ministry of Gender, Children and Social Protection, provided assistance to children affected by Ebola, including those quarantined, orphaned, unaccompanied or separated from family members. UNICEF is also supporting the revitalization of birth registration and certification, which slowed down or stopped in many health centres during the Ebola outbreak. Assessments indicate that most of the 73,000 children born during the outbreak have not been registered. In Guinea, UNICEF has trained 235 health-care workers in providing psychosocial support. Leading the door-to-door awareness-raising teams, these individuals are making an important contribution to the Government's intensified activities to stop the transmission of Ebola in Conakry and five surrounding prefectures. In Guinea and Liberia, 5,656 and 2,300 orphaned children, respectively, have been provided with cash transfers.

63. In Sierra Leone, UNFPA is mobilizing its implementing partners to support case management of vulnerable groups and their access to services. Partners are supporting the Ministry of Social Welfare, Gender and Children's Affairs in strengthening the family tracing and reunification system, including by establishing protection desks in the districts. As a last resort, interim care centres are providing care and support for non-contact Ebola-affected children with no caregivers.

Education

64. Schools in all three countries are now open, with the resumption of classes for 1.8 million children in Sierra Leone on 14 April, following a closure lasting nine months. As was the case in Guinea and Liberia, UNICEF supported the training of thousands of teachers in school safety protocols, including hand washing and temperature checking.

65. In Sierra Leone, according to the Government, the distribution of basic hygiene and safety supplies has been completed for all schools identified in the 2012-2013 National School Census. Some schools not included in the census reported not receiving any of those essential supplies, however. UNICEF has begun to distribute learning materials to more than 1.8 million children. In total, more than 7.4 million exercise books and 4.4 million pens and pencils will be distributed. The radio education programme continues to broadcast lessons to complement schooling, including for quarantined children. With continued support from UNICEF, the Ministry of Education, Science and Technology plans to reschedule the programmes to afternoon hours so that children can also have access to lessons after school.

66. In Liberia, UNICEF procured hygiene kits for 581 schools in Montserrado County, which had been left out of the first round of distributions requested by the

Ministry of Education. Ninety-nine per cent of schools reported that they were open. In Guinea, adherence to school safety protocols is irregular and stocks of soap in schools are not being used at the expected level. UNICEF is working with parent-teacher associations and cluster partners to devise ways to tackle the issue.

67. WFP is gradually resuming school meals in the three countries. In Guinea, WFP supports 118,000 children in 840 schools and is planning to add 812 more schools to the programme in areas hardest hit by the outbreak. In Liberia, WFP resumed school feeding for 8,800 schoolchildren in Maryland County and aims to progressively reach 104,000 schoolchildren in 10 counties. In Sierra Leone, WFP will resume activities in about 600 schools that had been identified before the outbreak. Moreover, WFP was requested by the Government to support school clean-up efforts by providing short-term food assistance as an incentive to participants, targeting some 8,000 schools.

Economic impact, livelihoods and food security

68. The economic impact of the Ebola outbreak continues to be felt throughout the three affected countries. The lull in construction and other income-generating activities continues to have significant implications for employment and livelihoods, especially for women, youth and poor rural households. The reduction in revenue caused by the outbreak has also disrupted progress towards achievement of the Millennium Development Goals by impeding progress in infrastructure development and the delivery of social services.

69. According to data collected by WFP on key food security indicators, the recovery of wage levels in all districts of Sierra Leone and in parts of Liberia suggests that economic activity is resuming following the lifting of quarantine measures. A high proportion of people living in rural areas that have been affected by the Ebola outbreak have had difficulties coping with its consequences. The same challenge has been reported by the poorest households and households headed by women. WFP, in collaboration with the respective ministries of agriculture and FAO, has begun an emergency food security assessment to comprehensively map the food security situation in the three countries to enable better targeting of food-insecure populations.

70. To date, WFP has provided food assistance to more than 2.8 million people in Guinea, Liberia and Sierra Leone in support of the health response. In Liberia, WFP has distributed some 1,000 phones for cash transfers to 3,725 survivors and their households. In Guinea, in the light of the new emergency measures declared by the Government, WFP continues to support contact cases and their households by providing food rations and hygiene kits within 24 to 48 hours; in April, WFP reached more than 1,000 contact cases and their families. WFP continues to provide nutritious food to Ebola orphans: in April, more than 2,000 orphaned children received WFP food packages throughout the affected countries.

71. In April, WFP scaled up its transition assistance, providing food and/or cash to Ebola-free communities where access to food and resumption of livelihoods remain challenging. In Guinea, WFP provided more than 200,000 people with food support; in Liberia, more than 70,000 people received a mix of food and cash assistance to support households and stimulate the local economy. In Sierra Leone, WFP is identifying the beneficiaries for this phase of the response.

International Ebola recovery conference

72. To focus international attention on the need for targeted investment to enable Ebola-affected countries to recover, I will host a high-level international conference on Ebola recovery in New York on 10 July 2015. Organized in close cooperation with the Governments of Guinea, Liberia and Sierra Leone, the conference will bring together other key response partners and provide an opportunity for the Governments of the three affected countries to share with the broader international community country and regional Ebola recovery strategies, plans and resource needs, with priority given to the immediate period of 12 to 18 months; reaffirm their commitment to according priority to Ebola recovery in their national and regional development plans and budgets; commit themselves to applying mutually agreed New Deal for Engagement in Fragile States principles in their recovery efforts; and secure pledges of international support to fill technical and resource gaps that is needed to ensure the timely and efficient implementation of the recovery strategies for the period of 12 to 18 months.

Preventing outbreaks in non-affected countries

73. WHO continues to provide dedicated and field-based support to Member States to assist with Ebola preparedness. In priority countries, WHO and partners are implementing operational plans for Ebola preparedness activities. Current preparedness efforts are directly linked to the strengthening of health systems and the implementation of the International Health Regulations.

74. During April, WHO deployed a team to South Sudan to assess the country's preparedness as well as teams to Benin, Burkina Faso, Guinea-Bissau, Mauritania and Senegal to provide further technical support. A follow-up visit to Burkina Faso focused on coordination, risk communication and social engagement, outbreak logistics and rapid response capacities, including technical support to the Ebola treatment centre in Ouagadougou. A visit to Benin provided support to the Ministry of Health with surveillance protocols and standard procedures, case detection and case management. In Guinea-Bissau, WHO provided training on safe and dignified burials and provided technical assistance in stock management to the national logistics subcommittee. In Mauritania, tailored support was provided to the Ebola treatment centre and on outbreak logistics.

75. The progress made by priority countries is updated regularly on the Ebola preparedness dashboard. As at April 2015, 29 per cent of priority countries had achieved an implementation rate of at least 50 per cent of the Ebola preparedness checklist, compared with 7 per cent in December 2014. Eight dedicated WHO Ebola Preparedness Officers are currently deployed to priority countries.

76. To provide a more evidence-based approach for monitoring progress and overall levels of preparedness, WHO will be supporting priority countries to undertake robust outbreak simulation exercises. The exercises will be conducted regularly for countries that have implemented 50 per cent or more of the Ebola preparedness checklist.

77. The World Bank Group will earmark some of the contribution of $650 million announced at the spring meetings to develop a regional disease surveillance system throughout West Africa.

Way forward

78. There was continued, notable progress in efforts to combat Ebola during the reporting period. While the incidence of new infections was still unpredictable and dispersed, it was increasingly confined to a smaller geographical area. Overall numbers of new infections plateaued at about 30 new cases per week in April, in comparison with early March when the figure was around 100 cases per week. The further geographical contraction of the outbreak was evident by the concentration of newly confirmed cases in two adjacent districts/prefectures straddling the border between Sierra Leone and Guinea, Forécariah and Kambia. On 9 May 2015, Liberia was declared Ebola free by WHO after it reached the milestone of 42 days since the last laboratory-confirmed victim was buried, on 28 March. The immediate priority is to continue to assist the Governments of all affected countries to get to and stay at zero cases.

79. I should like to thank my outgoing Special Representative, Ismail Ould Cheikh Ahmed, for his outstanding and dedicated contribution to the Ebola response effort. The footprint of UNMEER continues to shift in response to epidemiological trends within the affected countries. UNMEER staff and other resources have been redeployed from Accra and Liberia to further strengthen UNMEER operations in Sierra Leone and Guinea, including at the prefectural and district levels. Just as his predecessor, my new Acting Special Representative will shuttle between the affected countries as needed, spending most of his time in Guinea and Sierra Leone, and will continue to ensure unity of purpose and clear operational focus among all responders ahead of the rainy season. My Special Envoy and WHO continue to provide the strategic and technical direction, respectively, for reaching and remaining at a resilient zero cases.

80. In Liberia, UNMEER has completed the transition of its operations, functions and assets to United Nations agencies, funds and programmes and UNMIL under a joint transition road map involving WHO, UNDP, UNICEF, WFP and the Office for the Coordination of Humanitarian Affairs; the UNMEER office in Liberia will formally close in June. I should like to thank former Ebola Crisis Manager and my current Acting Special Representative, Peter Graaff, and the UNMEER Liberia team for their excellent efforts to date, which were critical in stemming the spread of the virus and for reaching this noteworthy milestone.

81. Meanwhile, UNMEER teams in both Guinea and Sierra Leone are well advanced in planning similar transitions under the leadership of respective resident coordinators supported by the Ebola crisis managers. Plans are under way for the further downsizing and closure of UNMEER Accra. Participants at a transition meeting with the United Nations Development Group for Africa held in Dakar early in May supported the transition plan. UNMEER remains on track to meet established timelines for the closure of its offices in Liberia by 31 May and in Sierra Leone and Guinea by 31 July, with an end to the overall mission by 31 August. I am confident that the United Nations agencies, funds and programmes will rise to the challenge of maintaining intensified engagement, while supporting national partners in the transition from emergency response to early recovery.

82. Moving forward, the last mile of the Ebola response will require an increasingly targeted approach to understand and then tailor interventions to the specific triggers of Ebola transmission in the remaining affected localities. Rendering the strategy operational requires the deployment of teams of national

experts embedded in affected communities for extended periods to gain the trust of local communities and to understand and work jointly with communities to address the triggers of continued Ebola transmission. Progress in the implementation of this last-mile strategy will be assessed with community-based benchmarks that are tailored to local exigencies on the ground and that will help to focus and/or recalibrate interventions swiftly.

83. The sustained presence and expertise of WHO at the community level in the affected countries is integral to the successful implementation of this last-mile strategy. A strong WHO technical presence at the community level, including beyond the end of the outbreak, will also be essential to ensure that there is sufficient surveillance capacity and that there is no lapse in active surveillance with the transfer of responsibilities from UNMEER to the United Nations agencies, funds and programmes. I recognize the significant scaling up of the WHO presence on the ground and trust that WHO can maintain this presence throughout the rainy season to ensure that the gains made thus far are consolidated and that we reach and stay at a resilient zero cases in the region. I encourage WHO, throughout May, to elaborate plans for its continued presence and related resource needs in the affected countries. It will be particularly important throughout the rainy season to support the Governments in ensuring that sustainable surveillance capacities to prevent a recurrence of Ebola are put in place. The collective investments — of the communities, the Governments and regional and international stakeholders — are too great to allow the rainy season to derail the progress achieved thus far.

84. The plans by UNMEER to transfer its functions to national and United Nations agency, fund and programme partners would be greatly enhanced if sufficient resources were available to enable them to increase their capacities, and the support that they offer, to the required level. More resources are needed to bring the outbreak to a definitive end and adequately position the United Nations agencies, funds and programmes to scale up to sustain the response effort and commence recovery activities in an integrated manner. To date, the Ebola response overview of needs and requirements, totalling $2.27 billion, has been funded to the extent of $1.5 billion, roughly 66 per cent of the total; the balance of some $770 million has yet to be raised. Of this sum, $400 million is urgently needed. The contribution of about half of this amount is now anticipated, leaving a residual gap of about $200 million that needs to be filled to permit the United Nations system to continue to support a sustainable end to the outbreak until the end of 2015. I call upon Member States to remain supportive in this last mile of the response and to mobilize the resources within their means to finish the job. In particular, the Ebola Response Multi-Partner Trust Fund has been an invaluable tool for financing and overcoming key obstacles to the response, but it needs to be replenished.

85. I should like to thank the Presidents of Guinea, Liberia and Sierra Leone for their powerful leadership in the global Ebola response effort. In particular, I welcome continued national efforts, including the Guinean campaign for sensitization and detection of Ebola cases and the Sierra Leonean "Zero Ebola" campaign. In Guinea, the campaign has been instrumental in uncovering new Ebola cases in Forécariah. The commitment of the people of Guinea and Sierra Leone has been apparent during these initiatives as we continue to guard against complacency and fatigue ahead of the rainy season. The meeting of the three Presidents in Washington, D.C., proved yet again that the region stands together in solidarity. The Presidents have consistently called upon us to continue to support them in their fight

to reach zero and to stay the course on their road to recovery. Their recent initiatives will require strong material and moral support from the international community. The people of the affected countries deserve our renewed commitment and reenergized support. I am confident that we will continue to provide it.

86. I would be grateful if you could bring the present letter to the attention of the members of the General Assembly.

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Protracted conflicts in the GUAM area and their implications for international peace, security and development

Status of internally displaced persons and refugees from Abkhazia, Georgia and the Tskhinvali region/ South Ossetia, Georgia

Report of the Secretary-General

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I. Introduction

1. The present report is submitted pursuant to General Assembly resolution 68/274, in which the Assembly requested the Secretary-General to submit a comprehensive report at its sixty-ninth session on the implementation of the resolution. The report covers the period from 1 April 2014 to 31 March 2015 and draws on information received from a number of United Nations entities.

2. In accordance with the provisions of the resolution, the report focuses on: (a) the right of return of all refugees and internally displaced persons and their descendants, regardless of ethnicity; (b) the prohibition of forced demographic changes; (c) humanitarian access; (d) the importance of preserving the property rights of refugees and internally displaced persons; and (e) the development of a timetable to ensure the prompt voluntary return of all refugees and internally displaced persons to their homes.

II. Background

3. Following an escalation in conflict in 1992-1993, which caused significant displacement of civilians, armed hostilities between the Georgian and Abkhaz sides ended with the signing in Moscow on 14 May 1994 of the Agreement on a Ceasefire and Separation of Forces (see S/1994/583 and Corr.1). That agreement was preceded by the signing in Moscow on 4 April 1994 of the quadripartite agreement on the voluntary return of refugees and displaced persons (see S/1994/397), in which the parties agreed to cooperate and interact in planning and conducting activities to safeguard and guarantee the safe, secure and dignified return of people who had fled from areas in the conflict zone to the areas of their previous permanent residence. Armed hostilities between the Georgian and South Ossetian sides ended with the 24 June 1992 Sochi Agreement, which established a ceasefire between the Georgian and South Ossetian forces and the creation of the Joint Control Commission and Joint Peacekeeping Forces.

4. Following the hostilities which started in the Tskhinvali region/ South Ossetia, on 7 and 8 August 2008, the six-point ceasefire agreement of 12 August 2008 and the implementing measures of 8 September 2008 (see S/2008/631, paras. 7-15), international discussions were launched in Geneva on 15 October 2008, co-chaired by representatives of the European Union, the Organization for Security and Cooperation in Europe (OSCE) and the United Nations (see S/2009/69 and Corr.1, paras. 5-7). The international discussions were to address the issues of security and stability and the return of internally displaced persons and refugees. By the end of the reporting period 31 rounds of the Geneva international discussions had been held, with participants meeting in two parallel working groups.

5. In June 2011, the General Assembly, in its resolution 65/288, approved the budget for the United Nations Representative to the Geneva International Discussions. The establishment of a special political mission has facilitated the continued engagement of the United Nations in the Geneva process. The United Nations Representative and his team are responsible for preparing, in consultation with the co-chairs, the sessions of the Geneva international discussions. In December 2013, the General Assembly, in its resolution 68/248 A, appropriated the programme budget for the biennium 2014-2015 for special political missions,

including for the United Nations Representative to the Geneva International Discussions. Moreover, in my report on estimates in respect of special political missions, good offices and other political initiatives authorized by the General Assembly and/or the Security Council, I included among the proposed resource requirements for the period from 1 January to 31 December 2015 the United Nations Representative to the Geneva International Discussions, which has an open-ended mandate (see A/69/363 and Corr. 2 and Add.1).

6. The United Nations Representative to the Geneva International Discussions and his team are also responsible for preparing, convening and facilitating the periodic meetings of the Joint Incident Prevention and Response Mechanism under United Nations auspices in Gali (see S/2009/254, paras. 5 and 6). The last (35th) meeting of the Mechanism took place on 23 March 2012 and has not been resumed since. Unfortunately, multiple efforts to overcome differences and resume the Mechanism had yielded no result by the end of the reporting period. I once again call upon all participants to leave political issues aside and focus on the important incident prevention nature of the Mechanism with a view to unconditionally resuming the meetings of the Mechanism as soon as possible. As long as the Mechanism remains suspended, the risk of escalation in incidents on the ground exists. In the meantime, until the meetings of the Mechanism are resumed, the United Nations Representative will continue his bilateral engagement with all stakeholders with a view to keeping communication open and continuing his incident prevention and response efforts.

7. During the reporting period, participants in Working Group I of the Geneva international discussions continued to discuss the security situation on the ground, with concerns expressed with regard to detentions, procedures for crossings and criminal activities, such as kidnappings for the purpose of ransom collection. However, participants assessed the overall security situation as relatively calm and stable. They also continued discussions on the key issues of the non-use of force and international security arrangements. International obligations constraining the use or threat of force, without prejudice to the right of individual or collective self-defence, are embodied in the Charter of the United Nations and other international instruments. There were also discussions on steps in the direction of pledges on the non-use of force, including unilateral statements by all relevant stakeholders. I would encourage all relevant participants to engage constructively on the issue of the non-use of force. As part of the review of the security situation, discussions took place on the so-called "treaty on alliance and strategic partnership", signed between Moscow and Sokhumi on 24 November 2014, and the so-called "treaty on alliance and integration" signed on 18 March 2015. Divergent views were expressed in this regard by the participants.

8. The timing and content of the so-called "treaties" have been divisive, with Georgia asserting that the moves constitute attempts by the Russian Federation to "annex" South Ossetia and Abkhazia, Georgia, while the Russian, South Ossetian and Abkhaz participants underline that such "treaties" merely underline the deepening relations between "sovereign countries". Unfortunately, the discussions in the framework of the Geneva international discussions were negatively affected by the strongly-held divergent views over those events and their meaning. Working Group II continued to address issues concerning the humanitarian needs of all affected populations. Although it was possible to keep the situation of displaced persons, including their right to return and other durable solutions, on the agenda of

Working Group II, despite several attempts from some participants to have it removed, there was little discussion on substance. Regrettably, there was also little willingness on the part of some participants of Working Group II to address the issue of return and freedom of movement of displaced populations. Voluntary return is a right of displaced populations and should be addressed from this perspective.

9. In the context of Working Group II, the agreement of participants was sought to obtain permission to allow visits of gravesites across administrative boundary lines, during the Easter period, by relatives of the deceased, including those who were killed during the conflicts, but no accord was reached. I urge the sides to undertake humanitarian "good faith" gestures, including positive consideration of such requests.

10. Participants continued to exchange views on the human rights situation on the ground. In the absence of access to all affected areas, despite repeated calls for such access, the Office of the United Nations High Commissioner for Human Rights (OHCHR) has continued to seek opportunities to better facilitate the protection and promotion of human rights for the affected people. In order for this to happen, a more decisive engagement of relevant stakeholders to uphold their human rights obligations is paramount. I invite all stakeholders to grant unimpeded access to OHCHR, in order for the Office to be able to monitor, report on and address the human rights situation and encourage "people to people" initiatives, communication and coordination between civil society, religious leaders and human rights structures. Only through such concerted efforts could human rights protection gaps and the underlying human rights issues be addressed and the conditions as regards the rule of law be improved. Human rights issues that require particular attention include the question of missing persons; freedom of movement; alleged arbitrary detentions related to crossings and the conditions for those detained; access to livelihoods; unhindered access to places of worship, graves and memorial sites; possession of personal documents as a prerequisite for the exercise of human rights and access to services; and the right to education and the participation of women on equal terms with men in all aspects of conflict prevention, peacebuilding, post-conflict transition and reconstruction processes.

11. Another topic that received the sustained attention of all participants was the continued unknown fate of persons who went missing during the conflicts. The understanding shown by all participants of Working Group II for the plight of the families of the missing and the commitments made to engage meaningfully on the issue, in particular by supporting the work of the International Committee of the Red Cross, is commendable. While many humanitarian issues remain unresolved, the Geneva international discussions continue to offer an opportunity for participants to engage on such issues in a constructive manner and liaise with United Nations humanitarian agencies, funds and programmes.

12. To allow for more informed debates, special information sessions were conducted in conjunction with the formal rounds of the Geneva international discussions, allowing participants to benefit from the experience and advice of the United Nations, non-governmental organizations and other experts. Participants were given the opportunity to deepen their understanding of, inter alia, managing disaster risk, public health preparedness and threat perception issues.

13. While some participants still have some reservations concerning the present format and efficiency of the Geneva international discussions process, ongoing and

structured dialogue is crucial to enhancing stability in the region and to making progress on the security, humanitarian and other remaining challenges. I join all the participants and co-chairs in reiterating that the Geneva international discussions remain the only forum for relevant stakeholders to meet and address the issues identified in General Assembly resolution 68/274.

III. Right of return

A. Scope of displacement, return and local integration

14. No major changes were observed during the reporting period with regard to refugees or internally displaced persons exercising their right to return and no new significant displacements were registered. The Ministry for Internally Displaced Persons from the Occupied Territories, Accommodation and Refugees of Georgia conducted a comprehensive registration of 262,704 internally displaced persons, as of January 2015. After the main phase of registration, ended on 31 December 2013, the re-registration by the Ministry continued in the its central office, in Tbilisi, until 31 May 2014, with additional persons being registered thereafter as required. The generational aspects of displacement in the absence of durable solutions are of concern. The largest numbers of internally displaced persons were registered in Tbilisi and Zugdidi.

15. While progress was made towards the local integration and relocation of internally displaced persons, it should be noted that they generally are not able to make free and informed choices as to whether to return or to avail themselves of other durable solutions. During the reporting period, the Office of the United Nations High Commissioner for Refugees (UNHCR) conducted a survey of intentions among the displaced population, to establish their current perceptions with regard to voluntary return, local settlement or relocation elsewhere within Georgia. More than 2,000 persons among the displaced population were interviewed during the course of data collection. The results of the survey are expected after the end of the current reporting period and will be included in the next report.

16. A number of families who were previously commuting between Gali and Zugdidi on a seasonal basis moved back to Gali, but no precise data quantifying such individual returns to the Gali region or other parts of Abkhazia are available. The authorities in control continue to deny the return of ethnic Georgian internally displaced persons to locations of their origins that are outside of the accepted return areas in the Gali, Ochamchira and Tkvarcheli districts. With regard to the population of returnees in Abkhazia, UNHCR has repeatedly sought assurances from the authorities in control with regard to those persons' rights relating to permanent residence, political rights, equal protection before the law, property ownership, social security, health care, work and employment, education, freedom of thought, conscience and expression, cultural life and freedom of movement. The position of UNHCR was presented to the authorities in control through a white paper.

17. The return of internally displaced persons to South Ossetia has been routinely denied by the authorities in control, apart from visits to the Akhalgori district which are possible, at times, for those displaced from that area. UNHCR continues to observe regular movements of people in and out of Akhalgori district. The lack of

required documentation for crossing continues to impede the movement of, and to isolate, an estimated 5,000 internally displaced persons from Akhalgori district. Limited numbers of those displaced — between 2,500 and 3,000 out of an estimated 5,000 applicants — have been issued with documentation (*propusk*), allowing for their presence in Akhalgori and freedom of movement across the dividing line. The main crossing point towards Akhalgori for the exercise of freedom of movement for displaced or conflict-affected populations is the Odzisi checkpoint. Those using the crossing point were informed in December 2014 by authorities in control in South Ossetia that the "propusk" document used by them for passage, although expired at the end of 2014, could still be informally used until March 2015. Movement across the crossing point for those with documents continues. The local population was further informed by the authorities in control in Akhalgori that their expired "propusk" could be informally used until July 2015, at which point new regulations are foreseen, linked to implementation of the recent "treaty" with the Russian Federation. Humanitarian actors, including United Nations agencies, are not provided access to South Ossetia by the authorities in control. I call upon all sides to ensure access for humanitarian assistance and the aid workers who deliver it. I also urge the reversal of a trend that has seen a reduction in the number of documents issued each time that the new documentation requirements are introduced, since it has a serious negative impact on freedom of movement. The authorities in control agreed in principle to a case by case review of the situation of such persons, with a view to considering granting permits for movement across the administrative boundary line, on the basis of lists to be provided by UNHCR. UNHCR has directly intervened with South Ossetian authorities in control on behalf of a small number of persons who had not been able to obtain the new crossing document. While a reply was received, no permits have been issued to the listed persons. I call upon all parties involved to reconsider the cases and exercise a transparent and humanitarian approach in granting permits for crossing the administrative boundary line.

18. The Office of the High Commissioner for Refugees remains ready to revive consultations on the return of persons of concern to the Akhalgori district with a view to securing the safe and voluntary nature of any such movement. All stakeholders are encouraged to keep return options open and to abstain from any restrictive measures. Moreover, further steps are needed to ease the crossing procedures in the area to allow individuals not only to maintain contact and follow developments in their home communities, but also to make a free and informed choice as to whether to return or to integrate in areas of displacement or elsewhere.

19. While more than 100,000 individuals who were displaced during the 2008 conflict have returned to their homes, most of them soon after the conflict, over 20,000 individuals remain in displacement. "Borderization" measures along the administrative border line continued throughout the reporting period. Twelve separate monitoring missions by UNHCR identified that although the installation of fences decreased, obstacles to freedom of movement continue to be mounted along the administrative boundary line, including signs, watchtowers and surveillance equipment. Such measures enable Russian Federation border guards to track and potentially detain villagers who intentionally or unintentionally cross the administrative boundary line, for example, when visiting graveyards, retrieving stray cattle, attending to irrigation channels or transiting to and from work in their fields. I am pleased that the meetings of the Mechanism in Ergneti have, in some instances, helped in negotiating the quick release of villagers arrested in such cases.

20. The primary remaining protection and reintegration challenges relate to shelter rehabilitation needs and limited livelihood opportunities. The inability to freely access fields, orchards, traditional grazing grounds, forests and markets has reduced income and employment opportunities and further limited communication and relations between families living on opposite sides. The fencing measures along the administrative boundary line exacerbated the already difficult living conditions of internally displaced persons and other persons living in the area, including and in particular in the mountain regions of Georgia, conditions that are characterized by a lack of access to services and rights owing to isolation and a lack of information. The previously existing societal structures of the villages have disintegrated and villages are emptying with only a few elderly occupants remaining year-round in many locations. In order to mitigate the most harmful impact on the survival mechanisms and livelihoods of the population, UNHCR, the United Nations Development Programme (UNDP), the European Union, the United States Agency for International Development, the Swiss Agency for Development and Cooperation and some embassies provided winterization assistance to 2,011 villagers living along the administrative boundary line, as well as targeted individual support to 76 vulnerable internally displaced persons in Shida Kartli. The interim governmental commission established by the Government of Georgia to address the needs of affected communities in villages along the dividing line has also mobilized State funds for investment in villages affected by fencing to develop infrastructure relating to irrigation and drinking water, roads, education, agriculture, shelter, heating and health. Substantial progress has been made in the implementation of such measures. The interim governmental commission completed the following activities in 2014, for villages along the dividing line: the installation of gas pipelines for 33 villages, accounting for 1,900 households, the construction of four new boreholes, the distribution of winter vouchers of 200 lari to 11,677 households, the provision of tuition assistance to 564 students during the 2014-2015 school year, the rehabilitation of seven schools and the construction and equipping of health clinics in 19 villages. Such activities will continue in 2015.

21. The Government of Georgia continues to pursue two main goals: the creation of conditions for dignified and safe return and the improvement of the socioeconomic conditions of internally displaced persons, serving their integration. Support for the livelihoods of internally displaced persons received enhanced attention from the Government and its partners through the development of strategies and action plans. Concerted efforts by the Government to actively solicit the support of all stakeholders to improve the livelihoods of internally displaced persons are to be commended, including the adoption on 4 February 2015 of the action plan for internally displaced persons.

22. The national legislation governing the treatment of internally displaced persons, effective March 2014, has clarified a number of issues and enhanced the protection of this population against discrimination. I reiterate that the rights of all internally displaced persons, as defined in the Guiding Principles on Internal Displacement, must be respected and protected in law and in practice.

23. Relocations and related evictions, conducted in the context of the Government's efforts to provide internally displaced families with durable housing solutions, have in the past caused grievances among internally displaced persons. Following advocacy from UNHCR and other actors, the Government has adjusted its approach and is now offering more housing solutions in urban and economic

centres and is trying to avoid relocations from urban areas to more remote locations. The level of dissatisfaction among internally displaced persons regarding housing offered to them has therefore considerably decreased. A new system for internally displaced persons to contact ministry officials, using a low-cost, Internet-based technology for making calls, supported by UNHCR, has been implemented at the Ministry for Internally Displaced Persons from the Occupied Territories, Accommodation and Refugees. This allows internally displaced persons in remote locations to communicate directly with ministry officials, without having to travel to Tbilisi, to express their concerns and resolve problems. Other efforts, such as rural housing projects, which combine the provision of shelter with agricultural land, have expanded the housing options. However, considering the total needs, durable housing solutions remain limited and alternative solutions deserve consideration. The Government's procedures, developed with a view to enhancing the transparency of the selection and allocation process and the rights of internally displaced persons, were generally respected, but remain too complex to yield substantial results in an acceptable time frame.

24. Given the scale of the displacement, substantial challenges concerning the integration of internally displaced persons remain. The Government of Georgia estimated that some 50,000 families still need to be provided with various types of accommodation. Despite Government efforts to provide alternative accommodation for internally displaced persons living in dilapidated collective centres, an estimated 40 per cent of internally displaced persons still reside in such centres, while 60 per cent of internally displaced persons live in private accommodation. It should be noted that challenges also remain for those in the latter category, as their living conditions in private accommodation are often as bad as or even less favourable than those found in collective centres.

25. The provision of durable shelter, while essential, is not the only aspect of integration. The socioeconomic aspects, such as sustainable livelihoods and access to quality education, medical and social services, must also be addressed. While the United Nations agencies, funds and programmes, together with donors and other stakeholders, remain engaged and continue to assist the Government in protecting and ensuring the rights of the affected populations, acute humanitarian crises in other parts of the world have had a negative impact on the funding level for humanitarian projects in Georgia. Moreover, further progress in integrating and improving the living conditions of internally displaced persons is becoming less a question of humanitarian response and more a matter of mainstreaming their interests into broader development efforts. As time passes, the needs of internally displaced persons, other than needs relating to shelter, are increasingly similar to or the same as those of the poorer segments of the population not directly affected by displacement. While the adoption of a livelihood strategy for internally displaced persons is a welcome development, it is now crucial and urgent that the socioeconomic needs of internally displaced persons be addressed alongside those of the local population within the context of national and regional development agendas. The costs of meeting the needs of underdeveloped and impoverished regions are substantial and require increased State budget allocations, as well as donor support, in order to make a difference that is felt by the population.

26. I would encourage the authorities to ensure that regions hosting displaced populations and internally displaced persons themselves are able to fully benefit from development programmes. In this respect, and in order to bridge the gap

between humanitarian response and development activities, UNDP and UNHCR have expanded their joint programme, aimed at improving the livelihoods of internally displaced persons and returnees, beyond Shida Kartli to conflict-affected communities in Samegrelo and Abkhazia.

27. It is estimated that over 45,000 people have already spontaneously returned to their homes in the Gali district. Progress has been made in their reintegration process, although important needs and protection challenges remain. While at least 1,000 to 1,500 of the most vulnerable returnee families remain in urgent need of assistance, shelter programmes in Abkhazia have come to a halt, with the exception of one programme of the Danish Refugee Council, following the decision by UNHCR to discontinue shelter support for returnees in 2013 owing to a lack of resources. Among those still displaced, the majority informed UNHCR that one of the most important preconditions for return is shelter assistance. The absence of substantial shelter programmes in Abkhazia is thus a strong disincentive to return. Those who returned to Abkhazia are officially considered internally displaced persons by the Government of Georgia and as such are eligible for assistance. For those who have returned, access to documentation providing a recognized right to reside in Abkhazia and providing for freedom of movement across the Inguri River is a significant concern and priority. Seasonal movements related to agricultural activities as well as family visits continued to be observed. Such movements to Abkhazia took place primarily across the administrative boundary line but also directly from the Russian Federation. While more precise and comprehensive, independently verified data on the numbers and profiles of the returnees, and on the other conflict-affected communities residing in the Gali district, are not available, I call upon the relevant sides to take further steps in order to clarify and acknowledge the number or returnees, as well as to ensure freedom of movement and that residence, property, social and political rights are ensured for the returnee and displaced populations. I encourage all participants in the Geneva international discussions to maximize the use of this forum for the provision and exchange of updated data related to displacement and progress made towards return.

28. During the reporting period, more active engagement of the authorities in control with the returnee population in Gali as well as with agencies operating in Abkhazia was notable, including an agreement to expand access and the scope of work to areas beyond Gali, as well as daily interaction. At the same time and while the political debate about the future status of the returnee population in Abkhazia continues, the returnee population remains concerned about their freedom of movement. With efforts under way intended to address status and documentation issues that would appear to facilitate movement, it is important that these materialize in a timely and predictable manner so as to enhance confidence and preserve mobility across the administrative boundary line. Notwithstanding the issues relating to freedom of movement, a number of developments have had a positive impact on the humanitarian and security situation of the population in the Gali region and on the reintegration prospects of those who have returned. These included a variety of infrastructure and livelihood initiatives financed by the international community, including the construction of 47 new houses and the rehabilitation of 30 existing houses, repairs to the hospitals in Saberio and Gali town and the construction in Gali of a special playground for children living with disabilities.

29. Progress was observed in relation to security on the ground with respect to the local Gali population. The practice of extortion was further reduced and a major response to combat kidnapping for ransom was implemented by Abkhaz and Russian security forces, resulting in the suppression of major criminal gang elements. In pursuing gang members implicated in kidnapping, the security forces regrettably suffered casualties during operations in Gali, which also resulted in the death of four criminals. Unfortunately, criminality targeting people with money in cash or cash crops, such as hazelnut harvests, or people who are known to have well-to-do relatives in Georgia or abroad, is ongoing. The so-called "treaty on alliance and strategic partnership" provides for the implementation of joint Russian-Abkhaz security forces for collective defence, joint law enforcement structures for fighting crime and a broad range of measures for further integration into Russia's economic, social protection and health-care systems, funded by the Russian Federation. Returnees fear that this "treaty" may result in further restrictions and control of movement along the Inguri River, with a potential reduction of official crossings, expanded "borderization" efforts and an increased presence of and control by security forces. By April 2015, no concrete steps had been taken by the authorities in control to change the crossing regime over the Inguri River and at another five crossing points opened in May 2013. I urge that such changes do not take place in the future. The Inguri hydroelectric power station, located in the upper part of the Gali district, which was also opened at that time, is functioning smoothly. It was observed that the opening of that crossing point, together with that of the central Inguri Bridge, which also serves as a crossing for vehicles, have ensured a relatively orderly crossing for the local population.

30. Additional protection and reintegration challenges remain. While generally acknowledging some progress and expressing appreciation for the assistance received, the local population does not yet consider the situation to be "fully normalized" and a sense of insecurity still prevails. Remaining protection concerns expressed by returnees relate to: (a) freedom of movement, in particular the longer-term perspective, as messages received are perceived as not always being consistent; (b) documentation required to exercise freedom of movement, to enjoy rights and to gain access to services; (c) access to education, including higher education, and language of instruction; (d) secure access to quality health-care facilities, on both sides of the administrative boundary line; (e) occasional incidents of discrimination, including those related to documentation and access to services; and (f) the denial of effective protection against crime and the lack of adequate response to sexual and gender-based violence. A significant segment of the population in Gali, Tkvarcheli and Ochamchira districts has no valid documentation. As a result of the investigation into possible wrongdoing during the process of issuing Abkhaz documents, the authorities in control declared some 20,000 Abkhaz passports invalid, although they did not physically withdraw them from their holders. During the first quarter of 2015, local authorities in Gali conducted a survey among the population regarding Georgian citizenship and documentation. Of some 18,000 persons surveyed, who responded that they have Georgian citizenship and documentation, over 17,000 indicated that they do not intend to give up their Georgian citizenship. As a result, part of the local population feels insecure owing to fears that they may be left without documents that would allow their freedom of movement, employment, business registration, property ownership and access to services.

31. Since the conflict in August 2008, the United Nations agencies, funds and programmes have had very little operational access to the Tskhinvali region/South Ossetia, and are therefore not in a position to verify or closely monitor displacement or return movements, nor indeed the humanitarian needs or issues relating to the human rights of returnees or host populations. However, in preparation for the rounds of the Geneva international discussions, the co-chairs and United Nations staff were able to visit the region and familiarize themselves with the latest developments.

32. Information made available to UNHCR by the Federal Migration Service of the Russian Federation indicates that, as at 1 January 2015, 65 persons (belonging to 56 families) from Georgia enjoy refugee status in the Russian Federation. An additional 472 persons (belonging to 340 families) from Georgia, including from Abkhazia and the Tskhinvali region/South Ossetia, currently hold temporary asylum status in the Russian Federation. Of that number, 103 persons (belonging to 92 families) were granted temporary asylum in 2014. No organized returns from the Russian Federation to areas covered by the present report were conducted in 2014, and no information is available from the Federal Migration Service on any spontaneous returns. The actual number of persons displaced from Georgia residing in the Russian Federation is considered to be higher, as many are not reflected in the official statistics, having regularized their residence status outside of refugee protection mechanisms or having lost refugee status upon the acquisition of Russian citizenship.

B. Institutional framework and operational measures

33. In 2005, UNHCR, the Danish Refugee Council, the Norwegian Refugee Council and the Swiss Agency for Development and Cooperation developed, in consultation with all stakeholders, an initiative entitled "Strategic directions: promoting confidence-building measures for displaced and war-affected persons in Abkhazia". The initiative was aimed at supporting a bottom-up peacebuilding approach based on self-reliance and community involvement. The initiative integrates protection and assistance efforts through monitoring the situation of returnees, addressing their concerns in discussions with the relevant authorities and providing targeted assistance. Since April 2009, the initiative has been complemented by a strategic framework for continued assistance, which seeks to achieve durable solutions for returnees through integrated protection and assistance activities and the promotion of their rights, with a view to preventing renewed displacement of the population in the Gali, Ochamchira and Tkvarcheli districts. The initial focus on returnees has, over the years, been replaced by strategies and actions targeting all vulnerable populations in Abkhazia. Such efforts bring together as strategic partners, under the overall coordination of the United Nations Resident Coordinator, UNHCR, UNDP, the United Nations Children's Fund (UNICEF), the Swiss Agency for Development and Cooperation and international non-governmental organizations, namely, Action against Hunger, the Danish Refugee Council, Première urgence and World Vision International, as well as some additional humanitarian actors in an observer capacity. The expansion of a joint UNDP/UNHCR programme on agricultural livelihoods in Kvemo Kartli, Samegrelo and Abkhazia will further contribute to a more durable solution for internally displaced persons and returnees.

34. In July 2010, the Government complemented its "State strategy on occupied territories: engagement through cooperation" (adopted by Order N107 of 27 January 2010), with the action plan for engagement (adopted by Order N885 of 3 July 2010, amended on 26 January 2011). The plan envisages the undertaking of a number of steps aimed at building trust and confidence among divided communities. Those measures were followed in October 2010 by the issuance of the regulation of the Government of Georgia on the approval of modalities for conducting activities in the occupied territories of Georgia. In that context, United Nations agencies, funds and programmes will continue to engage in humanitarian action on the basis of their respective mandates and within the framework of multilateral and bilateral agreements governing the privileges and immunities of the United Nations.

35. In my report of 20 May 2013, I informed the General Assembly of the declared intention of the Government of Georgia to pursue a more open form of engagement (see A/67/869, para. 35). In that regard, the government's decision of 1 January 2014 to rename the State Ministry for Reintegration the State Ministry for Reconciliation and Civic Equality eliminated one of the stated objections on the part of the authorities in control in Abkhazia and Tskhinvali region/South Ossetia to participate in direct dialogue. Ambiguities both in the current legislation and between the Law on Occupied Territories and the State strategy on occupied territories complicate the operational environment for international and local actors involved in humanitarian, peacebuilding and other activities and constrains the development of an enabling environment for more direct interaction.

36. The status-neutral liaison mechanism, established by UNDP in 2012 (see A/65/846, para. 21) continued to operate during the reporting period, including in facilitating the delivery of vaccines, medicine and other forms of humanitarian assistance to Abkhazia. This has proven to be a valuable tool not only in supporting the implementation of humanitarian projects, but also in connecting and facilitating dialogue between the divided communities. The effectiveness of the mechanism is based in large part on the fact that its status-neutral and human rights-based approach is accepted and supported by all sides. In this regard, the mechanism offers an example of an effective approach that, with genuine will and readiness to compromise, may be replicated in other spheres of activity. At the same time, I would encourage all parties and stakeholders to consider establishing such a mechanism to help address the humanitarian and other needs of the population living in the Tskhinvali region/South Ossetia.

37. During the reporting period, United Nations agencies, funds and programmes continued to respond to humanitarian needs. UNICEF continued to focus on improving access for vulnerable children and youth in rural and returnee communities to quality health care, education and social services. Together with UNDP, UNICEF continued to strengthen routine immunization practices, provided equipment to medical institutions and organized training for medical professionals focusing on maternal and child health care, HIV/AIDS, sexually transmitted infections, oncology, healthful lifestyles and emergency medical care, as well as information technology skills. UNICEF continued to provide 48 rural medical points within social community centres with basic equipment, essential drugs and training, and carried out public health promotion and communication activities in rural areas, as well as hygiene promotion and education in schools, including as regards improved access to water and sanitation. In cooperation with World Vision International and local partners, UNICEF further continued to provide basic social

services for children living with disabilities and their families and supported training for education professionals in modern teaching methodologies for preschool and primary education. It also continued to support youth participation and development, as well as confidence-building, through 36 youth clubs throughout the conflict-affected regions of Abkhazia, Samegrelo and Shida Kartli.

38. UNDP paid special attention to youth in returnee communities and their access to various international educational sources. In collaboration with local non-governmental organizations working on youth activities, UNDP created a network of seven computer-based training centres offered access to information technology and training to more than 1,100 local beneficiaries. Young students were offered internationally recognized information technology certifications and English language classes with certification, enabling them to access graduate and postgraduate education abroad.

39. The Office of the High Commissioner for Refugees, in partnership with local and international non-governmental organizations, continued to address obstacles to sustainable return by providing a limited number of individual cash grants and essential household items to vulnerable families, legal advice and counseling in relation to documentation issues and access to rights and services, shelter repair and rehabilitation and income-generating opportunities. Moreover, efforts to strengthen the prevention of and response to sexual and gender-based violence were undertaken through, inter alia, medical, legal and psychosocial counseling and awareness-raising campaigns.

40. The issue of freedom of movement across the administrative boundary line has security, humanitarian and human rights dimensions and remains of utmost importance to the local population. Developments during the reporting period were marked by two trends: enhanced control and formalization of crossings. On the one hand, so-called "borderization" measures, including the blockage of footpaths, increased and more systematic surveillance by Russian Federation border guards and strict fining practices, were reported. On the other hand, the local population was in principle able to continue to move across the Inguri Bridge and the simplified permit system introduced in 2012, which facilitates crossing, is being upheld. As referred to in paragraph 29 above, five new crossing points were made operational. Four additional crossing points for use only by pedestrians were established in the following locations in lower and upper Gali region: (a) Otobaia-2, (b) Nabakevi/Nabakia, (c) Tagiloni/Taglan and (d) Saberio/Papanrkhua. The fifth crossing, at Lekukhona/Alekumkhara, is specifically designated to serve vehicle crossings for Inguri hydroelectric power station employees. The crossing points are operational from 7 a.m. to 8 p.m. every day and multiple documents are allowed to be used by those who are crossing. I welcome and encourage all steps which would facilitate the freedom of movement and freedom of travel of all segments of the local population and allow their movement and travels in safety and dignity.

41. I have taken note of encouraging information on ambulance services allowed across the administrative boundary line, according to which pragmatic practice has been established to the effect that when medical transportation is needed, patients are being brought by one ambulance to the Inguri Bridge crossing point and then picked up by another ambulance that transports them further on the other side. A shuttle service implemented by UNHCR in areas of return provides transport services for school children to access educational facilities. In many cases the Joint

Incident Prevention and Response Mechanism hotline, which is still operational, was used to inform those on both sides about the need for medical transportation. Although limited in scope and effect, the ambulance services are a testimony to emerging good cooperation in jointly addressing humanitarian concerns.

42. However, there were some allegations that closure of the Inguri checkpoint during the night and the denial of access to other crossing points had caused delays in reaching proper medical services, resulting in fatalities. While the alleged incidents, their background and the possible connection between the closure of the crossing points and the deaths of individuals could not be fully verified, it is critical that neither the selection of medical services nor access thereto be influenced by political considerations. Persons in need should be able to gain access to medical attention wherever it can be offered most quickly and at the highest attainable standard. I call upon all stakeholders to exercise maximum care and flexibility in this regard and to improve the conditions for the crossings, including through the introduction of a fast-track procedure for the vulnerable and the rehabilitation of deteriorating conditions on Inguri Bridge.

43. The local population in the Gali district, including returnees, remains concerned about its freedom of movement, its continued contact with family members and friends residing on the other side of the Inguri River and its access to social infrastructure, including medical facilities and markets in the Zugdidi district. The development and implementation of a crossing regime that allays those concerns remains crucial for improving the living conditions of the local population, advancing the reintegration of returnees and preventing renewed displacement. In that context, it is essential to identify and implement solutions for the provision of documentation in conformity with international law, including international human rights law, and the principles governing the prevention and reduction of statelessness. Although most of the cases were eventually settled, there were reports at the beginning of the school year, in September 2014, that schoolchildren had not been allowed to cross at certain sections of the Inguri River in order to attend school. I urge the relevant authorities to take pragmatic steps to solve this recurring problem and allow children to cross at convenient and safe locations.

44. The principles and factors governing the implementation of the return of internally displaced persons outlined in my report of 24 August 2009 (A/63/950), particularly in paragraphs 8 to 14 thereof, remain valid. There is a complex nexus between the individual right to voluntary, safe and dignified return and the establishment of the conditions conducive to such return. The individual's right of return, in the case of an internally displaced person, derives from his or her right to freedom of movement as stipulated in article 12, paragraph 1, of the International Covenant on Civil and Political Rights and, in relation to a refugee, from article 12, paragraph 4, of the Covenant, according to which "no one shall be arbitrarily deprived of the right to enter his own country". In accordance with article 12, paragraph 3, of the Covenant, the freedom of movement, as established in article 12, paragraphs 1 and 2, can only be subject to restrictions "which are provided by law, are necessary to protect national security, public order (*ordre public*), public health or morals or the rights and freedoms of others, and are consistent with the other rights" recognized in the Covenant. Progress made with respect to integration, locally or by resettlement, does not result in a loss of the right of return.

45. I reiterate that the right of return and its exercise by an internally displaced person cannot therefore be directly linked to political questions or the conclusion of peace agreements. It is essential to recognize return as both a human right and a humanitarian issue that must be addressed irrespective of any solution to an underlying conflict. At the same time, it is primarily for the individual to assess the risks and make an informed choice as to whether or not to return at a given time. In doing so, a displaced person must be able to take into account all factors that could affect his or her safety, dignity and ability to exercise basic human rights.

46. The United Nations is committed to assisting States in the search for durable solutions for displaced populations, and its engagement is based on the understanding that voluntary return in safety and dignity is one durable solution, the other two being local integration and resettlement. The role of the United Nations in the facilitation, design and implementation of organized return operations must be guided by the need to avoid causing harm or contributing to the exposure of persons of concern to possible human rights violations. Therefore, activities related to organized returns must be based on a careful risk assessment, taking into consideration the existing security and human rights conditions and concerns, access to livelihoods and basic services and the voluntary nature of return. Unhindered humanitarian access and the ability of the United Nations and its mandated agencies, funds and programmes to effectively monitor all these factors is another aspect to be taken into account.

IV. Prohibition of forced demographic changes

47. Relevant international human rights standards should guide managed population movements, including evacuations, and thereby strictly limit forced movements, including those that result in demographic change. The principles and provisions of international law mentioned in my previous report (see A/68/868, para. 49), as well as non-refoulement obligations governing the protection of refugees and others who flee their homes as a result of or in order to avoid the effects of armed conflict or situations of generalized violence, remain fully applicable.

48. While no major new displacement was observed during the reporting period, the demographic consequences of earlier displacement remain. In that context, I would like to recall once again the observations of my former Representative on the human rights of internally displaced persons in his report of 14 January 2010 (A/HRC/13/21/Add.3 and Corr.1 and 2, paras. 7-14) and referred to in my report of 17 June 2010 (A/64/819, paras. 22 and 23).

V. Humanitarian access

A. International legal foundations governing humanitarian access

49. The need to establish and maintain humanitarian space is essential in order to effectively meet the humanitarian needs of conflict-affected and displaced populations, to mitigate suffering and to enable United Nations agencies, funds and programmes to exercise their mandates. In that context, it remains important that all sides respect their obligations and act in good faith to fully implement the principle

of humanitarian access, which is rooted in international humanitarian and human rights law. The free passage of relief goods and the facilitation of humanitarian operations are correlated to a number of human rights, including the right to life, the right to a decent standard of living and the right to protection against discrimination. Moreover, building on the practice of the United Nations human rights treaty bodies, there is growing acceptance that the obligation of States to respect, protect and fulfil human rights includes an obligation to invite, accept and facilitate international (humanitarian) assistance, in particular if the State's resource capacities or other obstacles, such as a lack of effective control of parts of the territory, limit its capacity to effectively address all humanitarian needs.

50. In the context of international conflict situations, international humanitarian law requires the establishment of conditions for the rapid and unimpeded passage of all relief consignments, equipment and personnel. In non-international conflicts, States must organize relief actions for the civilian population, without any adverse distinction. The universal acceptance of those rules has established, as a norm of customary law in both international and non-international conflicts, that parties to a conflict must allow and facilitate the rapid and unimpeded passage of humanitarian relief for civilians in need.

B. Operational challenges

51. Following the amendments introduced to the Law on Occupied Territories, after taking into consideration the recommendations issued by the European Commission for Democracy through Law (Venice Commission) of the Council of Europe in October 2010, the Government of Georgia issued its regulation on the approval of modalities for conducting activities in the occupied territories of Georgia, which, inter alia, serves as the guideline for the implementation of the Law. During the reporting period, the issuance of the modalities had no impact on the activities of United Nations agencies, funds and programmes. In the light of the ambiguity of some provisions of the modalities, allowing for a significant degree of discretion and potential arbitrariness, a further review and possible reform of those norms by the Government would be welcomed. Such a review should fully take into account the international legal foundations governing humanitarian access, as outlined above, and the practical concerns of humanitarian and development actors operating on the ground.

52. The United Nations agencies, funds and programmes were able to implement protection, humanitarian assistance, recovery and development activities in Abkhazia as planned. However, ongoing humanitarian needs notwithstanding, it is widely recognized, including by the international donor community, that needs have increasingly shifted from humanitarian assistance towards early recovery activities and the delivery of more sustainable support. The United Nations Resident Coordinator is facilitating an inclusive dialogue on this matter among international donors and with relevant authorities.

53. On 30 January 2015, the authorities in control in Abkhazia communicated formally their agreement to allow the work of all international and non-governmental organizations to proceed without geographical restrictions. That communication superseded the letter of 28 January 2013, addressed to several agencies, requesting a focus of activities on Gali district. The current flexible

approach of the authorities in control, which allows agencies to contribute to addressing the needs of the most vulnerable in all areas of Abkhazia, is in line with international standards for the work of international agencies and should be continued.

54. At the end of 2014, the aforementioned geographical restrictions were lifted and United Nations agencies and international non-governmental organizations are currently also able to operate outside Gali region.

55. Given the need for a proper transition from humanitarian assistance through recovery to longer-term sustainable development, it is important to avoid gaps in the transition process and ensure that the remaining humanitarian needs and contingency considerations are fully met. In this regard, I reiterate my call for respect for the international principles governing humanitarian access, for flexibility and for practical approaches and measures to be taken by all stakeholders therein. In addition, consultations must continue among all relevant stakeholders in order to ensure the flow of up-to-date information on the humanitarian needs of the population and to improve coordination.

56. During the reporting period, discussions were renewed on possible humanitarian access for the United Nations to the Tskhinvali region/South Ossetia. During several visits to Tskhinvali and the surrounding areas, the United Nations Representative and the other co-chairs of the Geneva international discussions were able to witness further progress on a number of ongoing humanitarian, infrastructure and reconstruction initiatives, including water projects undertaken by the Organization for Security and Cooperation in Europe (OSCE) and road construction, which has helped to reduce by more than half the travel time between Tskhinvali and the Akhalgori valley. I also take note of positive efforts to preserve or prevent further alteration and decay of the cultural heritage and to prevent the removal of artefacts from the region, including through an agreement by the participants in the Geneva international discussions to work jointly on the issue. United Nations proposals to build on previous humanitarian activities on the ground, however, have not materialized. Access for the United Nations humanitarian agencies has not been possible owing to the continuing lack of agreement on the modalities governing access. The insistence by the authorities in control that such agencies must enter solely from the territory of the Russian Federation is unnecessary, costly and inconsistent with humanitarian practice. At the same time, the International Committee of the Red Cross continued to implement a number of projects throughout the area and a number of complementary medical activities are being explored by non-governmental organizations.

VI. Property rights of refugees and internally displaced persons

57. Property-related issues remained on the agenda of Working Group II of the Geneva international discussions. Obstacles to resolving those issues remain, and my call upon all parties to adhere to the principles on housing and property restitution for refugees and displaced persons (referred to as the "Pinheiro principles") and the underlying norms of international law, including international human rights law, as outlined in my report of 20 May 2013 (see A/67/869, paras. 58-60), remains valid.

VII. Timetable for the voluntary return of all refugees and internally displaced persons and work towards durable solutions

58. No timetable for the voluntary return of all refugees and internally displaced persons has been developed, given the prevailing environment and continued discussions among the parties. Working Group II of the Geneva international discussions did not deal with the issue of voluntary return, owing to the continued unwillingness of some participants to discuss the matter. I reiterate that as long as the conditions for organized returns in safety and dignity are not fulfilled and mechanisms for property restitution are not established, the design of a comprehensive timetable or road map for returns must remain an open matter and must be addressed. Those challenges should not prevent the parties from working towards identifying durable solutions for all displaced persons, giving particular attention to the implementation of the right of return. I would like to reiterate my call upon all participants in the Geneva international discussions to engage constructively on this issue, relying on international law and relevant principles.

59. In the absence of conditions conducive to organized return and appropriate implementation mechanisms, the United Nations agencies, funds and programmes will continue to concentrate their efforts on providing the conflict-affected populations, including returnees or persons in the process of returning, with assistance and support for their reintegration. United Nations agencies, funds and programmes remain committed to proceeding at the appropriate time, in consultation and cooperation with all parties concerned, with the development of a timetable or road map addressing all components outlined in my report (A/63/950), in particular in paragraph 20 thereof.

VIII. Conclusion

60. Over the past six and a half years, the Geneva international discussions, co-chaired by the European Union, OSCE and the United Nations, have remained the single forum for the key stakeholders to discuss security and stability and humanitarian issues, in particular those relating to the return of refugees and internally displaced persons. Those efforts, together with humanitarian engagement by a variety of United Nations agencies, funds and programmes and other actors, have contributed to some improvements in the security and humanitarian situation on the ground.

61. Many security, humanitarian, human rights and development challenges, however, remain unresolved. Despite the difficult nature of the discussions, the complexity of the issues and divergence in the positions, the participants in the discussions have continued to engage on a regular basis. In cooperation with partner organizations, the United Nations facilitated information sessions on relevant best practices and lessons learned, which have helped to enrich the formal sessions of the Geneva international discussions. The United Nations stands ready to continue to support such information-sharing, along with further humanitarian and development engagement on the ground.

62. While I noted with satisfaction the constructive continuation of the meetings of the Joint Incident Prevention and Response Mechanism in Ergneti, I regret that

the meetings of the Mechanism in Gali have remained suspended since April 2012. In order to resume the meetings of the Mechanism in Gali, I urge all participants to work with the United Nations Representative to find a swift solution based on the proposals for the Mechanism of 18 February 2009. Continued and more constructive efforts by key stakeholders are needed to reach an agreement on practical steps to further strengthen the security situation and meet the pressing humanitarian concerns of the affected population, including internally displaced persons. While I am encouraged by their full commitment to the process, I once again call upon all stakeholders to uphold their engagement in the Geneva international discussions and to preserve and expand humanitarian space. I also urge donors to continue and strengthen their support for the multifaceted humanitarian, development and confidence-building efforts.